

¹ *Casco v. Armour Swift-Eckrich*, 283 Kan. 508, 154 P.3d 494 (2007).

injuries when computing the award. The ALJ determined claimant's date of accident to have been April 20, 2004, for the right upper extremity injury and August 8, 2005, for the left. However, he used a weekly compensation rate of \$440 for both accidents in his award calculation. Claimant would be entitled to the maximum compensation rate of \$467 for an August 8, 2005, date of accident.

The Board has considered the record and adopted the stipulations listed in the Award. In addition, during oral argument to the Board, the parties agreed that August 14, 2004, should be used as the date of accident for all claimant's injuries in this case.² The parties also agreed that the weeks of temporary total disability compensation paid by respondent should be apportioned to the two upper extremity injuries by applying to the right upper extremity injury the number of weeks from the date of the right wrist surgery performed by Dr. Divelbiss until the date of the left wrist surgery performed by Dr. Divelbiss, with the remaining weeks being applied to the left upper extremity.

ISSUES

Claimant argues that the ALJ erred in his finding that claimant was only entitled to his functional disability for scheduled injuries to his right and left forearms. Claimant contends the ALJ overlooked his uncontradicted testimony and that of Dr. Prostic that claimant had injuries up his right arm, into his shoulder, across his shoulder blade, and into his neck. Claimant also argues that he is entitled to a general body disability based upon a 25 percent wage loss and a 70 percent task loss, which computes to a work disability of 47.5 percent.

Respondent contends the evidence and testimony did not support a claim for injury to the right shoulder and/or neck and that the ALJ did not err in finding that claimant is limited to scheduled injuries to his right and left forearms. And claimant, therefore, would not be entitled to a work disability. Respondent, accordingly, requests that the Board affirm the Award entered by the ALJ.

The issues for the Board are:

(1) Is claimant entitled to an award to the body as a whole, or is he limited to separate scheduled injuries to his right and left upper extremities at the level of the forearms?

(2) In the event claimant is found to be entitled to an award to the body as a whole, is he entitled to a work disability?

² The maximum weekly compensation rate for accidents occurring on August 14, 2004, is \$449.

FINDINGS OF FACT

Claimant began working for respondent on August 19, 2000, as a welder. As part of his job, he would gather the parts for assembly and tack them together on a table, and weld the parts together. At times, after he finished welding the part, he would do the grinding and deburring. He worked with parts that weighed from 20 to 200 pounds.

On April 20, 2004, claimant was assembling a chamber that had large stainless steel pieces. He reached on the flange to turn the chamber to get it in a position to weld. As he turned it, he felt something give loose in his right wrist. Claimant felt extreme pain as soon as it happened.

After the incident was reported to respondent's office manager, Dee Edwards, claimant was asked if he wanted to see a doctor. Claimant said he would wait until the next day and see how it felt. The next day when claimant went to work, his wrist was painful. He then asked to see a doctor. He was sent to Concentra Medical, where he saw Dr. Gary Baker. Claimant was also sent to physical therapy at Concentra Medical. Eventually, it was determined that he had right carpal tunnel syndrome. He had right carpal tunnel release surgery performed by Dr. Baker, but he obtained no relief from the surgery. He continued to work for respondent.

During the time claimant was being restricted on his right side, he started using his left side constantly. He started developing severe pain in his left wrist. Dr. Baker sent claimant to physical therapy and scheduled him for surgery on the left. Dr. Baker had told claimant that he would have four weeks off work after the surgery. On the day of surgery, however, Ms. Edwards told claimant he would have to return to work the next Monday. Claimant talked to Dr. Baker before prepping for surgery, and Dr. Baker told him that it was company policy to return to work that soon. Claimant then told Dr. Baker that he was not going to continue seeing him and left. He returned to respondent and told them that he could not continue because of the pain, and he was sent home. He contacted his attorney the next day. Claimant filed an Application for Hearing on July 7, 2005, alleging injuries on "April 20, 2004 and each and every day worked thereafter" to his "bilateral upper extremities including but not limited to the hands, arms, shoulders, and neck; general body disability claimed" caused by "repetitive activities required in his employment."³

Claimant then began seeing Dr. Divelbiss, who performed arthroscopic surgery and removed cartilage from his right wrist. Dr. Baker had performed surgery on the palm side of claimant's hand, whereas Dr. Divelbiss did surgery on the back side of claimant's hand. At the time claimant had the second surgery on his right wrist performed by Dr. Divelbiss, he was having symptoms up his arm to his shoulder. Several weeks after Dr. Divelbiss did

³ Form K-WC E-1, Application for Hearing filed July 7, 2005.

the debridement on claimant's right wrist, he performed carpal tunnel release surgery on claimant's left wrist.

The debridement procedure Dr. Divelbiss performed on claimant's right wrist helped relieve the sharp, intense pain he was having up his arm. Even though he still has pain, he is able to do things he could not do before the surgery. He still has sharp pain that goes up his arm into his shoulder when he turns a doorknob. He has some swelling, but not as much as before. He still has pain in the palm of his right hand and in his shoulder. The left carpal tunnel release surgery relieved some of the swelling and pain in the left hand. Even though he still has some swelling, the hand does not go completely numb. Dr. Divelbiss released claimant from treatment on August 15, 2006, with no restrictions.

When claimant was released from treatment, he attempted to return to work for respondent. Respondent, however, informed claimant that he was terminated because he was no longer qualified for the position. At that point, claimant started looking for work. He received unemployment compensation for four to five weeks. After about five weeks, claimant got a job at SPX Marley Corporation (SPX) as a welder fabricator. While he was at SPX, he operated the brake, the sheer, and saws. However, the work at SPX caused pain in his right arm. That pain increased every day he worked there. He continued to work for SPX for about six weeks and then quit because the heavy lifting was causing him to have pain in his right arm and wrist. He had been making \$14.50 per hour at SPX.

Thereafter, claimant continued to seek employment. He found a temporary job for 10 days at Inland Steel doing some welding. The temporary job also caused problems. From the second day, claimant started having severe pain in his right arm and neck. He worked with the pain until he completed the job. If the job had been a permanent job, he would not have been able to handle it because he was having too much pain in his right arm. Claimant believes a combination of heavy lifting and repetitive gripping caused his problems at SPX and at his temporary job.

On January 31, 2007, claimant began his current employment at A and E Custom Manufacturing. He is not required to do heavy lifting. He is earning \$13 per hour, and after 90 days, he will be getting some benefits.

Dr. Brian Divelbiss is board certified in general orthopedics. His elective practice is restricted to upper extremities. He saw claimant initially on December 6, 2005, as an independent medical evaluation. Claimant related that he had an injury in April 2004 when he lifted a piece of metal and felt a snap in his right wrist. He had undergone a right carpal tunnel release by Dr. Baker. Dr. Divelbiss examined claimant and believed he had chronic ulnar-sided wrist pain that was consistent with a possible tear in one of the cartilages in his wrist. Claimant also had symptoms of left carpal tunnel syndrome.

On February 13, 2006, Dr. Divelbiss performed right wrist arthroscopy on claimant and found that he had a tear of his triangular fibrocartilage complex. He debrided the tear.

Once claimant's right wrist was taken care of, Dr. Divelbiss proceeded with a left carpal tunnel release, which was done on April 3, 2006. Dr. Divelbiss last saw claimant in August 2006. At that time, he believed that claimant was at maximum medical improvement for both his right and left carpal tunnel syndrome. He did not place any restrictions on claimant's ability to work. Dr. Divelbiss did not believe that either of claimant's conditions would be damaged by whatever sort of work he could tolerate from a comfort standpoint.

Dr. Divelbiss determined that claimant had a 20 percent loss of grip strength on his right based on an 80-pound grip strength versus 100 pounds on the left. Based on the *AMA Guides*,⁴ he rated claimant with a 10 percent impairment based primarily on this loss of strength. On the left, he assigned claimant a 5 percent impairment based on his having some residual mild symptoms of ulnar neuritis.

Dr. Divelbiss reviewed the job task analysis report by Mary Titterington. He opined that claimant would be capable of performing all the tasks listed. Dr. Divelbiss knew claimant was a welder but admitted he did not know what weights he had to work with. He did not know that claimant had symptoms in his shoulders and neck that had been reported to other physicians. When Dr. Divelbiss began treating claimant, his perceived problems were limited to his hands. He was not aware that claimant was seeing another physician for complaints in the cervical spine and the shoulder. Claimant came to Dr. Divelbiss for complaints about his hands, and that is what Dr. Divelbiss treated. He never examined claimant's shoulders or cervical spine. If claimant has problems in other parts of his body, Dr. Divelbiss has no opinion concerning those problems.

Dr. Edward Prostic, a board certified orthopedic surgeon and medical examiner, saw claimant two times at the request of claimant's attorney. The first time Dr. Prostic saw claimant was on August 18, 2006, for the purpose of evaluating him for work-related injuries. Claimant gave Dr. Prostic a history of his injury, and Dr. Prostic reviewed claimant's past medical records.

Claimant complained to Dr. Prostic of swelling on the volar radial side of his right wrist and aching on the ulnar side of the wrist. He had sharp pains when pressing downward with his index finger. He had intermittent sharp pains going up the arm toward the shoulder. Claimant also complained of an ache in his right elbow, posteriorly. He had loss of motion and weakness at his shoulder. Intermittently, he had numbness of the fingers in both hands.

Upon examination, Dr. Prostic found no abnormality of the cervical spine. Alignment of the right upper extremity was satisfactory. He found significant atrophy in claimant's right upper arm. No heat, swelling erythema or atrophy was noted. The right shoulder had

⁴ American Medical Association, *Guides to the Evaluation of Permanent Impairment* (4th ed.). All references are based upon the fourth edition of the *Guides* unless otherwise noted.

mild restrictions of flexion and abduction and 30 degrees loss of internal rotation, which is a clue of rotator cuff dysfunction. There was tightness of abduction. There was good strength of flexion, abduction and rotation. There was no clinical abnormality at the elbow or forearm. There was negative Tinel test at the carpal canal; but there was reproduction of radicular symptoms by flexion compression median nerve testing, a test for carpal tunnel. Claimant had pain with ulnar impaction testing. The pinch strength was normal. Claimant's grip strength was a maximum of 41 kg. with the patient complaining of severe pain while testing. There was tenderness of the metacarpophalangeal joints of the index and long fingers, with some loss of flexion at each joint. There was no evidence of tendinopathy of those fingers.

Alignment of the left upper extremity was satisfactory. There was no heat, swelling, erythema or atrophy. Range of motion and stability of all joints was within normal limits. There was positive flexion compression median nerve testing at the wrist but negative Tinel test. There was a normal pinch. Maximum grip was 43 kg.

Dr. Prostin had x-rays taken of the right shoulder, which showed a Type III acromion with mild demineralization of the greater tuberosity. X-rays of the right wrist showed a dorsal tilting of the lunate and a suspicion of early osteoarthritis of the metacarpophalangeal joint of the index finger. Dr. Prostin diagnosed claimant with rotator cuff tendinitis, tearing of the triangular fibrocartilage complex, and peripheral nerve entrapment. He opined that the cause of these problems was claimant's repetitious gripping and twisting as a welder.

Based on the *AMA Guides*, Dr. Prostin rated claimant as having a 25 percent permanent partial impairment of the right upper extremity and a 10 percent permanent partial impairment of the left upper extremity, which combine to 20 percent of the body as a whole on a functional basis. Dr. Prostin's ratings did not include any finding of permanent impairment to the neck or back.

Dr. Prostin saw claimant again on November 6, 2006. Claimant denied any new injuries or health problems since he last saw Dr. Prostin. He complained of pain going from his neck to both hands, right worse than left. Claimant also reported intermittent numbness of both hands, especially with active use. He reported worsening of symptoms with holding his head forward to look down. Dr. Prostin was suspicious that claimant had a significant cervical entrapment contributing to his bilateral arm symptoms. He conducted another orthopedic examination of claimant. Claimant's cervical spine had normal alignment. Maximum range of motion was forward flexion, 60 degrees with complaints of pain radiating to the right shoulder and hand; extension, 30 degrees; rotation, 50 degrees to the right and 60 degrees to the left; and tilt, 30 degrees to each side.

Claimant also had shoulder pain with the right shoulder depression test. Spurling's maneuver was negative. No periscapular tenderness was noted. No neurologic deficit was obvious in either arm. Reflexes were hypoactive. The Hoffman reflex was absent.

bilaterally. There was no clonus in either leg. Testing for thoracic outlet syndrome, cubital tunnel syndrome, pronator tunnel syndrome, and carpal tunnel syndrome was negative. Dr. Prostin took x-rays of the cervical spine and found degenerative disk disease at C5 to C7 but no obvious evidence of cervical spinal stenosis.

Claimant seemed to have significant difficulties with his neck at the second examination, and Dr. Prostin believed he needed additional study of his neck. Dr. Prostin stated that forceful use of the upper extremities puts increased loads on the disks and that claimant's work could have aggravated his cervical disk disease. Dr. Prostin did not diagnose claimant with cervical spinal stenosis but was only suspicious of it. Claimant has degenerative disk disease and some positive findings, but Dr. Prostin said he would need a myelogram, CAT scan or MRI in order to prove the diagnosis. These tests were not performed, and claimant did not attempt to get them authorized by respondent or pursue the issue at a preliminary hearing.

Dr. Prostin opined that claimant had an additional 5 percent permanent partial impairment to the body as a whole from the cervical spine. When combined with the 20 percent Dr. Prostin previously assigned, Dr. Prostin assigned claimant a permanent partial impairment of 24 percent to the body as a whole.

Dr. Prostin recommended that claimant limit activities with his neck away from the neutral position. He should not lift weights greater than 30 pounds occasionally or 10-15 pounds frequently. He should limit the use of vibrating equipment and repetitious gripping with his right hand. Dr. Prostin reviewed the task list completed by Mike Dreiling. Dr. Prostin found that claimant had lost the ability to perform 7 of the 10 tasks for a 70 percent task loss. Dr. Prostin also reviewed the task list prepared by Mary Titterington and opined that claimant was unable to perform 14 of the 28 tasks on that list for a 50 percent task loss.

Michael Dreiling, a vocational consultant, met with claimant on November 28, 2006, at the request of claimant's attorney. Together, they compiled a list of 10 job tasks claimant had performed in the 15-year period before his injury. He did not contact claimant's previous employers to verify the information.

Mr. Dreiling believed that claimant had made a good effort at finding employment. He had attempted to perform two jobs. At the time Mr. Dreiling met with claimant, he was already working, so he did not ask about claimant's job search. In his report, Mr. Dreiling anticipated that claimant would be able to earn between \$9 and \$10 per hour. In his deposition, Mr. Dreiling acknowledged that claimant was currently earning \$13 per hour.

Mary Titterington, a vocational rehabilitation counselor, met with claimant on January 23, 2007, at the request of respondent. Claimant and Ms. Titterington prepared a list that included 28 tasks claimant performed in the 15-year period before his injury. In the past 15 years, claimant had 6 jobs, 5 of which were welding jobs. They were all

defined as heavy jobs. Ms. Titterington believed that post-injury, claimant retained the ability to earn from \$9 to \$14 per hour, with the most realistic wage being in the \$11 to \$12.50 per hour range to start.

PRINCIPLES OF LAW

K.S.A. 44-510c(a)(2) states:

Permanent total disability exists when the employee, on account of the injury, has been rendered completely and permanently incapable of engaging in any type of substantial and gainful employment. Loss of both eyes, both hands, both arms, both feet, or both legs, or any combination thereof, in the absence of proof to the contrary, shall constitute a permanent total disability. Substantially total paralysis, or incurable imbecility or insanity, resulting from injury independent of all other causes, shall constitute permanent total disability. In all other cases permanent total disability shall be determined in accordance with the facts.

K.S.A. 44-510d states in part:

(a) Where disability, partial in character but permanent in quality, results from the injury, the injured employee shall be entitled to the compensation provided in K.S.A. 44-510h and 44-510i and amendments thereto, but shall not be entitled to any other or further compensation for or during the first week following the injury unless such disability exists for three consecutive weeks, in which event compensation shall be paid for the first week. Thereafter compensation shall be paid for temporary total loss of use and as provided in the following schedule, 66 2/3% of the average gross weekly wages to be computed as provided in K.S.A. 44-511 and amendments thereto, except that in no case shall the weekly compensation be more than the maximum as provided for in K.S.A. 44-510c and amendments thereto. If there is an award of permanent disability as a result of the injury there shall be a presumption that disability existed immediately after the injury and compensation is to be paid for not to exceed the number of weeks allowed in the following schedule:

....

(11) For the loss of a hand, 150 weeks.

(12) For the loss of a forearm, 200 weeks.

(13) For the loss of an arm, excluding the shoulder joint, shoulder girdle, shoulder musculature or any other shoulder structures, 210 weeks, and for the loss of an arm, including the shoulder joint, shoulder girdle, shoulder musculature or any other shoulder structures, 225 weeks.

...

(23) Loss of a scheduled member shall be based upon permanent impairment of function to the scheduled member as determined using the fourth edition of the American Medical Association Guides to the Evaluation of Permanent Impairment, if the impairment is contained therein.

(b) Whenever the employee is entitled to compensation for a specific injury under the foregoing schedule, the same shall be exclusive of all other compensation except the benefits provided in K.S.A. 44-510h and 44-510i and amendments thereto, and no additional compensation shall be allowable or payable for any temporary or permanent, partial or total disability, except that the director, in proper cases, may allow additional compensation during the actual healing period, following amputation. The healing period shall not be more than 10% of the total period allowed for the scheduled injury in question nor in any event for longer than 15 weeks. The return of the employee to the employee's usual occupation shall terminate the healing period.

K.A.R. 51-7-8(c)(4) states: "An injury at the joint on a scheduled member shall be considered a loss to the next higher schedule."

K.S.A. 44-510f(a) states in part:

Notwithstanding any provision of the workers compensation act to the contrary, the maximum compensation benefits payable by an employer shall not exceed the following:

....
(4) for permanent partial disability, where functional impairment only is awarded, \$50,000 for an injury or aggravation thereof.

In *Casco*,⁵ the Kansas Supreme Court stated:

In workers compensation litigation, when there is uncontroverted expert medical testimony linking the causation of the second injury to the primary injury, the second injury is considered to be compensable as the natural and probable consequence of the primary injury.

....

Scheduled injuries are the general rule and nonscheduled injuries are the exception. K.S.A. 44-510d calculates the award based on a schedule of disabilities. If an injury is on the schedule, the amount of compensation is to be in accordance with K.S.A. 44-510d.

When the workers compensation claimant has a loss of both eyes, both hands, both arms, both feet, or both legs or any combination thereof, the calculation of the claimant's compensation begins with a determination of whether the claimant has suffered a permanent total disability. K.S.A. 44-510c(a)(2) establishes a rebuttable presumption in favor of permanent total disability when the claimant experiences a loss of both eyes, both hands, both arms, both feet, or both legs or

⁵ *Casco v. Armour Swift-Eckrich*, 283 Kan. 508, 154 P.3d 494, Syl. ¶¶ 4, 7, 8, 9, 10, 11, *reh. denied* (2007).

any combination thereof. If the presumption is not rebutted, the claimant's compensation must be calculated as a permanent total disability in accordance with K.S.A. 44-510c.

When the workers compensation claimant has a loss of both eyes, both hands, both arms, both feet, both legs, or any combination thereof and the presumption of permanent total disability is rebutted with evidence that the claimant is capable of engaging in some type of substantial and gainful employment, the claimant's award must be calculated as a permanent partial disability in accordance with K.S.A. 44-510d.

K.S.A. 44-510e permanent partial general disability is the exception to utilizing 44-510d in calculating a claimant's award. K.S.A. 44-510e applies only when the claimant's injury is not included on the schedule of injuries.

K.S.A. 44-510c(a)(2) requires that the disability result from a single injury and that condition may be satisfied by the application of the secondary injury rule.

K.S.A. 2006 Supp. 44-501(a) states:

If in any employment to which the workers compensation act applies, personal injury by accident arising out of and in the course of employment is caused to an employee, the employer shall be liable to pay compensation to the employee in accordance with the provisions of the workers compensation act. In proceedings under the workers compensation act, the burden of proof shall be on the claimant to establish the claimant's right to an award of compensation and to prove the various conditions on which the claimant's right depends. In determining whether the claimant has satisfied this burden of proof, the trier of fact shall consider the whole record.

K.S.A. 2006 Supp. 44-508(g) states:

"Burden of proof" means the burden of a party to persuade the trier of facts by a preponderance of the credible evidence that such party's position on an issue is more probably true than not true on the basis of the whole record.

ANALYSIS

There is no distinction to be drawn between injuries to bilateral upper extremities where the injuries are simultaneous versus those where the injury is to first one upper extremity and then to the other as a result of overcompensation. As the Kansas Supreme Court stated in *Casco*, by application of the secondary injury rule the injuries are treated the same as when the disability results from a single injury.⁶ Nevertheless, *Casco*

⁶ *Casco*, Syl. ¶ 11.

“explicitly overrule[d] *Honn* and its progeny as it relates to the parallel injury rule.”⁷ No combination of scheduled injuries, whether simultaneous, parallel, or otherwise, can transform a partial disability that is in the schedule of K.S.A. 44-510d to a permanent partial general disability under K.S.A. 44-510e.

There is no testimony or evidence that claimant is incapable of engaging in substantial gainful employment. To the contrary, claimant has worked post-accident. The work restrictions from the medical experts do not preclude claimant from employment in the open labor market. Mr. Dreiling and Ms. Titterington opined that claimant retains the ability to earn from \$9 to \$10 per hour and \$9 to \$14 per hour respectively within those restrictions. The presumption of permanent total disability in K.S.A. 44-510c(a)(2) is rebutted. Moreover, claimant actually worked and earned substantial wages after leaving his employment with respondent.

Claimant has failed to meet his burden of proof that he suffered permanent injuries above the level of his bilateral forearms as a result of his work activities for respondent. When Dr. Prostic examined claimant in August 2006, he found no abnormality of the cervical spine. By the time of Dr. Prostic’s next examination of claimant, which was on November 6, 2006, claimant had left his employment with respondent and had worked for two other employers performing similar labor. Although claimant denied any new injuries, his symptoms were worse. It was not until this second examination that Dr. Prostic became suspicious that claimant had cervical entrapment. Dr. Prostic opined that his work *could* have aggravated the claimant’s cervical disc disease and neck conditions, but Dr. Prostic never said that this was a *probability*.

Q. [by claimant’s attorney] Okay. What relationship was there, in your opinion, between his employment and the neck complaints?

A. [Dr. Prostic] Well, repetitious forceful use of the upper extremities puts increased loads on the disks, and welders are often working in odd positions of the cervical spine, so there’s no question work could have aggravated cervical disk disease.⁸

Furthermore, claimant’s job with respondent did not require that claimant work in odd positions.

⁷ *Id.* at 527.

⁸ Prostic Depo. at 20.

CONCLUSION

Claimant has proven that he is entitled to an award of permanent partial disability compensation based upon a 15 percent scheduled injury to his right forearm and a 7.5 percent scheduled injury to his left forearm. Claimant has failed to prove that he suffered injuries to his cervical or thoracic spine, neck, shoulders or upper back as a result of his employment with respondent. Because claimant's injuries are covered by the schedules contained within K.S.A. 4-510d, he is not entitled to a general body disability or an award of work disability. Claimant is not permanently and totally disabled.

AWARD

WHEREFORE, it is the finding, decision and order of the Board that the Award of Administrative Law Judge Kenneth J. Hursh dated April 19, 2007, is modified as to the date of accident, the compensation rate, and the apportionment of the weeks of temporary total disability as between the injuries to the two upper extremities but is otherwise affirmed.

Right Forearm

Claimant is entitled to 7.14 weeks of temporary total disability compensation at the rate of \$449 per week in the amount of \$3,205.86, followed by 28.93 weeks of permanent partial disability compensation at the rate of \$449 per week in the amount of \$12,989.57 for a 15 percent loss of use of the right forearm, making a total award of \$16,195.43, all of which is due and owing in one lump sum, less amounts previously paid.

Left Forearm

Claimant is entitled to 44.43 weeks of temporary total disability compensation at the rate of \$449 per week in the amount of \$19,949.07, followed by 11.67 weeks of permanent partial disability compensation at the rate of \$449 per week in the amount of \$5,239.83. for a 7.5 percent loss of use of the left forearm, making a total award of \$25,188.90, all of which is due and owing in one lump sum, less amounts previously paid.

The Board otherwise adopts the findings, conclusions and orders of the ALJ to the extent they are not inconsistent with the above findings, conclusions and orders.

IT IS SO ORDERED.

Dated this _____ day of July, 2007.

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

c: James E. Martin, Attorney for Claimant
Bruce R. Levine, Attorney for Respondent and its Insurance Carrier
Kenneth J. Hursh, Administrative Law Judge